

JAN 25 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 2

3. (a) PRINT

FULL NAME Margaret Alice Keithly Rosser3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

William Rosser6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased August
(Month)27 1860
(Day) (Year)

8. AGE:

Years
80Months
3Days
15

If less than one day

hr. _____ min.

9. Birthplace

Ralls County
(City, town, or county)Missouri
(State or foreign country)

10. Usual occupation

XX

11. Industry or business

XX

12. Name

Levi Keithly

13. Birthplace

Kentucky

(State or foreign country)

14. Maiden name

Mary Couch

15. Birthplace

Ralls County

(State or foreign country)

16. (a) Informant

(b) Address

Hannibal Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12/15/40
(Month) (Day) (Year)

(c) Place: burial or cremation

Barkley Cemetery

18. (a) Signature of funeral director

Crawford Smith

(b) Address

Hannibal Mo.19. (a) 12/14/1940
(Date received local registrar)(b) Blanche Meyers
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 5 1940 to Dec 12 1940
that I last saw her alive on Dec 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
653
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. F. Waters (M. D. or other) 1
Address New London Mo. Date signed 12/14/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-41-43

Date Filed JAN 7 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

James A. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.